MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00295

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH: Caroline	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Croonahomo	State County Caroline
City or town	Omagnahawa
How long in above place of death?	City of town
Hospital, Institution, or streef address where death occurred:	Charle Ma
Stewart Nurseing Home Greensboro	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war
3.(a) FULL NAME Ruithanna Bell	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
P ***********	^
	20. DATE DE DEATH January 17 1945 21 1
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	January 11 19 45, 10, January 17 19 45
7. Birth date of	and that I last say all all ve on same of 17 1845
deceased (mo., day, yr.) Oct. 3, 1944	Immediate cause of death
8. AGE: Years Months Days It less than one day	
3 14hrsmin	Broncho Americana
9. Birthplace Greensboro Ca roline Id. (Town, county, and state)	
1D. Usual occupation	Due to
11. Industry or business	_
E 12. Name Andrew Bell 13. Birthplace Md.	Diher conditions
13. Birthplace Md	
14. Malden name Anna Griffith	(Include pregnancy within 8 months of death)
14. Malden name Anna Griffith 15. Sirthplace Del,	Major findings of operations.
≥ 15. Birthplace	— Dale of op.
16. Informant Andrew Bell	Autopsy results.
Address Greensboro, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: if death was due to external causes, fill in the following;
17. Burial Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemotery or crematory. (month) (day) (yeer)	Where did injury occur?
Greenshoro Md	(City or town) (County) (State)
Cocalion Greensboro, Md.	
18. Funeral director. Raymond B. Rawlings	Means of injury injured at work?
Address Greensboro, Md.	(ID) SI-H- D/h al
() () () () () ()	23. SIGNATURE Garles & Vace fully
19. (Pote rec'd by registrar) Registrar	M. D. or other
(Pote rec'd hy registrar) Registrar	il Address Julialoro, Md. Date slepted 1-19-45

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MULTING TO THE MUNICIPAL STATE SHADY HAS

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WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly. WRITE PLAINLY, WITH UNF is especially important.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93%)

CERTIFICATE OF DEATH

00296

Reg. Diat. No. 41

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
Hospital, institution, or street address where death of urred: How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Lida . g. Croper.	3. (b) Social Security Number
4. Sex J. 5. Color or race 8.(a) Single, married, widowed, or divorced Widowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH JOLE 3 / 19 45 - 21 7145 2 in
8.(c) Name of husband or wife. Leave Complete. 8.(c) If alive, give age years 7. Sirth date of Manual 18	21. LEERTIFY that death occurred on the date above stated; that I attended deceased from
7. 8irth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death Mufd Cut Mullion DURATION
9. Birthplace Teston Kent Co Del. (Town, county, and state)	Due to Sulen Delen Diocesia
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace	Dus to
13. Birthplace Caroline Lines 14. Malden name Caroline Lines 15. Birthplace Sel,	(Include pregnancy within 8 months of death) Major findings of operations.
16. Informant Clima 711. Rawlings.	Antopsy results
Address Receipt Fire Md. 17. Burial (Burial, cremation, or removal, Which?) Quie thereol (month) (day) (year)	PHYSICIAN: Please underline the cause in which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or crematory free to the condition free for and .	Where did Injury occur?
16. Funeral director Ray mond B. Rawlings Address Leave burg	Means of Injury Injured at work?
19. January 1945 S. Man Pyron Registrar	23. SIGNATURE LEGISLA DUE M. D. or or of 32.1. Address Legisla Due Bate signed G. S.

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

() () 297 Reg. Diat. No. 62

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fog newborn infants give residence of mother) State County Cliy or town (If outside city or town limits, write RURAL and give nearest town) Street No.	
***************************************	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME.	3. (b) Social Security Number	
4. Sex for S. Color or race 6.(a) Single, married, widowed, of divorced for the second of divorced for the second of the second	MEDICAL CERTIFICATION 20. DATE OF DEATH 2015 19 45, at 9 0.	
6.(b) Name of husband of wise fill broken Daff alf less	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of deceased (mo., day, yr.) affect 82 1896	and that I last saw h	
8. AGE: Years Months Days If less than one day 4.8 8 7	Immediate cause of death DURA710N	
9. Birthptace Deletary Carolines Coverety (Town, county, and state)	Oue to allier accusass andly	
10. Usual occupation	Oue to Vinemia Inducerality	
11. Industry or business 12. Name Losefly packs	Other conditions	
13. Birthplace		
14. Malden name Hemitila Is lute 15. Birthplace Deulon mid	(Include pregnancy within 8 months of death) Major findings of operations.	
\$ 15. Birthplace Deulou mil	Date of op.	
Through estableust	Actory results	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Cetebra 1 18-4	72. VIOLENCE: It death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremstory of the Thing There Counting	Where did injury occur?(City or town) (Connty) (State)	
Location Decelar III.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director A. Villetin M.	Means of Injury tnjured at work?	
Address Decelson & Zeefy	23. SIGNATURE LAWREN O GEORGE Conny	
19	Address Deutless and Date signed 418/48	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

00298

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
Julia Hernich	3. (b) Social Security Number	
4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced N. March 8. (b) Name of husbaod or wife. 9. Color or race 8. (c) Single, married, widowed, or divorced 1. Single married, widowed, widowed, or divorced 1. Single married, widowed,	MEDICAL CERTIFICATION 20. DATE DF DEATH	
8. AGE: Years Months Bays If less than one day 4 9 / hrs. min. 9. Birthplace. Austra Hay and	Immediate cause of death We conom a Space With medias takes to Secure Due to the secure of death DURATION DURAT	
18. Usual occupation. 11. Industry or business 12. Kame	Due to	
14. Malden oame Vacknown 15. Birthplace Walka Hungway. 16. Informant Jime Hermall	(Incinde pregnancy within 8 months of death) Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17. (Bnriai, cremation, or removal. Which?) Bate thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Location Arenabero 2nd 18. Funeral director A ay mand B. Pawkings	Where did injury occur?	
Address Sucusbino md. 19. Lan. 23 19 45 L. Med Paping Registrar	23. SIGRATURE Clearle & Houses on M.D. or other was Address free on the Bate signed 225	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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CERTIFICATE OF DEATH

	Reg. Dist. No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Lake Luce	(For newborn infants give residence of mother)
Oily or town	State County Course
	City or town Dante
low long to ebove place of death?	(If outside city or town limits, write RURAL and give nearest town)
lospital, institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
low long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
(d) TOLE WANTE	3. (b) Social Security Number
alkeius/ ester	218-05-8272
Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
The Jo. underfield	
	20. DATE OF DEATH Quing 11 1845, 21.2:30A
(6.6) Name of husband or wife Liena Filarence for ler	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
// / / /	9 9 26 1843, 10 9 au 11 1845
6.(c) If allve, give age	
deceased (mo., day, yr.)	and that I last saw h
B. AGE: Years Months Data If less than one day	Immediate cause of death
	Essoney arteris relems 2 yrs
66 8 //hrsmli	
Birthplace Harmany Jusey Camp	
(Town, pounty, and state)	Due to
Taker.	
D. Usuat occupation.	Due to
1. Industry or business	
12. Name Dellian Jester	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Sallie Blacelli 15. Birthplace	
9,10	Major findings of operations
-1 13. Dirimpiace	
16. Informant Muss Fr. Lealer Drope	Autopsy results
Additionation mr. Decelan red	PHYSICIAN: Please underline the cause to which death should be charged statistically.
morrace car men all	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burial, cremation, or reporal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory. Leulau Cerulau.	Where did injury occur?
O Develor Fred	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director L. Cuepel acors 17 de	Means of Injury Injured at work?
1000000	X FI 1/1 TOUR
Address Section and n	23. SIGNATURE TO auf lutte and
Jan 14 1 VA- Mas II M Sente	M. D. or other
(Oate rec'd by registrar)	ar Address Durlon had Date signed ! 1/3/9

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DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of Maryland			
l. PLACE OF DEATH: (a) County Carolina (b) City or town Federalsburg (If outside city or town limits, write RURAL) (c) Name of hospital or institution: (If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution In this community years, months or days)	2. USUAL RESIDENCE OF DECEASED: (a) State New York (b) County (c) City or town Albany (If outside city or town limits, write RURAL) (d) Street No. 258 Lenox Ave. (If rural, give location) (e) If foreign born, how long in U. S. A.? years.		
3. (a) FULL NAME STUART DAVID KESTENBAUM 3. (b) If veteran, name war 5. Color or race White divorced Single	MEDICAL CERTIFICATION 20. Date of death: Month January day year 1945 hour 5 minute 40 P.M. 21. I hereby certify that I attended the deceased from 19 , to		
6. (b) Name of husband or wife 6. (c) Age of husband or wife if years 7. Birth date of deceased May (Year) (Year) (Year)	and that death occurred on the date and hour stated above. Immediate cause of death Violent Trauma		
8. AGE: Years Months Days If less than one day 22 8 9 - hr min. 9. Birthplace Hudson, New York 10. Usual occupation (City, town, appoints) (Stata or foreign country)	Due to Airplane Crash Due to		
11. Industry or business U. S. Army [2] 12. Name Herbert H. Kestenbaum [3] 13. Birthplace Unknown	Other conditionsPHYSICIAN		
14. Maiden name Unknown 15. Birthplace Unknown (City, towa, or county) (City, towa, or county) (State or foreign country) (State or foreign country)	Major findings: Of operations — — Underline the cause to which death should be charged statistically.		
(b) Address Camp Springs AAFId, Wash., D.C. 17. (a) (Burlah cremation, or removal) (b) Date thereof (Month) (Date (Park)	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) Accident (b) Date of occurrence January 18, 1945 (c) Where did injury occur? Federal sourng, Carolina, Md (County) (Guate) (Gounty) (
(b) Address 301 E. Capitol St., Wash., D.C. 19. (a) (Date received local registrar) (b) Sydney Brussler and (Registrar)	place? Public Place While at work? Yes (Specify type of place) While at work? Yes (Means of injury Airplane) 23. Signature Limited & Grant (M. D. or other) Address Camp Springs AASId, Wash, Doate signed 1/25/45		

ER TON Marina III Anniel III and I and I and I and I

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00301

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County.	State Ask County Caraline
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long to above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred;	Street No.
Now long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) It veteran, name war
S.(a) Polic Ramb	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, codivorced	nely!
To widow.	MEDICAL CERTIFICATION
	2D. DATE DF DEATH LOW 5 1945, et 4 12 M
6.6) Name of husband of with Pecheco Vercey Nec	21. I CERTIFY that doath occurred on the date above stated; that I atlanded deceased from
O CO M allow allows	1844 to face 5 1945
7. Birth date of	and that I last saw h & alive on 19.4.
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
77 /	
hrsmin.	
9. Birthplace (Town, county, and state)	Due to Missing 10 to
10. Usual occupation at Cours	
	Due to accuse the Dances
11. Industry or business	
12. Name Jasishul 32 gout 13. Birthplace / Carl Land Class Mich.	Dther conditions
2 13. Birthplace (/ Safet form the life.	(Include pregnancy within 3 months of death)
E 14. Malden name A La	Major findings of operations
\$ 15. Birthplace Olelew auce Co. B.	Bate of op.
16. Interment Busic Boyant, Prosker	Autopsy results
Address Deselar Zud.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 0	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Gemetery or crematory Deselous Courafing	Where did injury occur?
Location Deutain Tresigland	Injured al home, farm, Industry, public place (where?)
() / 7	Means of Injury Injured at work?
18. Funeral director	. 1 = 10
Address Seelow flet.	23. SIGNATURE GUDDIO TEORGE
10 year. 8 10 K5 mm he & Glance	M, D. or other
(Date rec'd by registrar) Registrar	Address Date signed 4,8,45

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FEB 6 1945

BUREAU V.S.

birth date & age of deceased 1 shown on FILM No. G. 9 3 MAR 20 1945 CERTIFIC. 1. PLACE OF DEATH: County. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where feath occurred: How long in hospital or institution? 3. (a) FULL NAME Levige Porter 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
Hospital, institution, or street address where Cath occurred: How long in hospital or institution?	Street No
3. (a) FULL NAME Heorge Porter	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married M. M. Marr 6.(b) Name of husband or wite Marry Married Married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 1945 at 6 25
8. (b) Name of husband or wife Marry Mulium Guter 7. Birth date of deceased (mo., day, yr.) Nov. 19 - 1904 8. AGE: Years Months Days It less than one day 40 38 1 25 - hrs. n 9. Birthplace Society for Carolines and (Town, county, and atate) 10. Usual occupation. Framer 11. Industry or business 12. Name Prustly Poster.	Immediate cause of death
F. E 14. (1811)	Oue to
HLIAM 14. Malden name May 5 Cauce HLIAM 15. Birthplace 7 1d	Major findings of operations
16. Interman! Mrs. Mary & Porter. Address Steeds bus Md. 17. Buriae Dale thereot Jan. 17, 45 - (Burial, cremation, or removal, Which?) Cemetery or crematory Successful Control of Contr	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide

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Evidence for change of

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186)

CERTIFICATE OF DEATH

	(For newborn infants give r	esidencs of mother)	
*************	State 200cl	County Carrolin	4
town)	City or town(If outside city or	town limits, write RURAL and give near	_
	A I	***************************************	
************	(If	rural, give LOCATION)	
***************************************	2.(a) It veteran, name war		•••••
, .		3. (b) Social Security 1	Number
ced	MEDI	CAL CERTIFICATION	
		W.15 1945	at 6 15 M
		the date above stated; that I attended decea	
	***************************************	19 to	19
years	and that I last saw halive o	n	19
	Immediate cause of death		DURATION
min.			*******
	1344	death:	land of the T
	Stand I	· P :01: -	
		ning huilding - San	
		Swan.	
***************************************	Dther conditions		A
	(Include pregnanc	y within 3 months of death)	
*************	Major findings of operations		
		Date of op	
		canse to which death should be charged a	
45-	22. VIOLENCE: If death was due to	external causes, fill in the following;	
(year)		Date of	******************************
(3041)			
		y or town) (County)	
•••••	The second secon	c place (where?)	
ugo	Means of Injury	Injured at work?	
	Ma	16	
• .	23. SIGNATURE ALLUNCE	of O Teagle	- Cenymus
per-	A	Leev Dasp Date signed &	1 / / / / / / / / / / / / / / / / / / /
Registrar	Address	Date signed .f.	1. (4) 4-3

2 HOHAL DECIDENCE (LICAME) OF DECEASED.

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BUREAU V.S

Reg. Dist. No. 4. 3. (b) Social Security Number DURATION injured at home, farm, industry, public place (where?) Injured at work?

Address

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CERTIFICATE OF DEATH

	TE OF DEATH Reg. Dist. No. 64
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Fanale Hhite Lingle	MEDICAL CERTIFICATION 20. DATE DF DEATH. 20. DATE DF DEATH. 21. 45 at 5
8.(b) Name of husband or wife	21. I CERTIEV that death occurred on the late above stated; that f attended deceased from 19.44 to 10. 11. I and that f last saw h. A. alive on 11. I limmediate pance of death. DUR
8. AGE: Years Months Days If less than one day 81 9 7	n. Chrony Conal States Due to
10. Usual occupation. However to 11. Industry or business Ifame 12. Name Roman a. Sullivan Land 13. Birthplace Caroline County haryland	Duyto Charles Delantes Diher conditions
13. Birthplace Caroline County, Maryland 14. Malden name. Sarah and Beauchamp 15. Birthplace Caroline County, Maryland	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Mrs. Daise Strict St. Address Greenstone, Maryland 17. Daviel Date thereof January 15 1945 (Burial, cremation, or removal, Which?) Date thereof (month) (Play) (year)	Autopsy results
Commetery or crematory Concord Contary Location Deuton Manyland R.F.D.	Where did injury occur?
Address Ledenshung hayland 19. Langu 15 (Date rec'd for registrar) 18. Funeral director 19. Langu 15 (Date rec'd for registrar)	23. SIGNATURE Since M/D. or piece

MARGIN RESERVED FOR BINDING

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FEB 6 1945
BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940)

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

	TE OF DEATH Reg Dist No. 62
CERTIFICA	Reg. Diat. No. 9
1. PLACE OF DEATH: County City or town (If outside cise or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If ontside city or town ilmits, write RURAL and give nearest town) Street Ho (If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME Messerie Masules	Ribbett 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, wildowed, or divorced second or wife	20. DATE OF DEATH. 20. 19. 45, at 2. 2. I CERTIFY that death occurred on the date either stated; that I attended deceased from 19.45, 10, 200. 19.4
7. Birth date of	and that last saw har alive on hard 20 1954
8. AGE: Years Months Days If less than one day	Immediate cause of death
8. Birthplace Declar Grange Gaussig (Town, coperty, and state)	Due to. Due to.
1D. Usual occupation	Due to
11. Industry or business 12. Name Dellace Del	Dther conditions
E 13. Birthplace H 14. Maiden name.	(Include pregnancy within 8 months of death) Major findings of operations.
15. Birthplace	Bate of op.
Address Deeton Red.	Autopsy results
17. Several Date thereof 1-23-45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory. Declara Cemelery	Where did injury occur?
Location This is the second of	Injured at home, farm, Industry, public place (where?)
Address Tuestal Market	23. SIGNATURE ALLESON & Teorge
19. (M. D. or other Address Date signed 1/23/

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740)

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CERTIFICATE OF DEATH

	Reg. Dist. No	Z
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Casaline	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Tederal burg (If ontside city or fown limits, write RURAL and give nearest town)	State Maryland County Carolera	
How long in above place of death?	City or town	***************************************
Hospital, Institution, or street address where death occurred:	(11 ontside city or town limits, writs RURAL and give ne	arest town)
Park avene	Street No. Park avenue (If rurai, give LOCATION)	,
How long in hospital or institution?	2.(a) If veteran, name war. World War I	
3. (a) FULL NAME Oscar H. Tuner	3. (b) Social Security 220-07-03	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male Colored Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. Lawy 4 19.45	3 A. w
8.(b) Name of husband or wife Sarah Smith Luner	21. I CERTIFY that death occurred on the date above stated; that I attended dece	
art-y name of dealers of Artistance and Artistance	10 10	
7. Birth date of	and that I last saw halive on	
deceased (mo., day, yr.) Ureamber 14, 1897 8. AGE: Years Months Days If less than one day	Immediate cause of death	
47 0 20		
/	-	*
9. Birthpiace Laderalsburg than fand (Town county, and affect)	Due to Carthean leschision	fullen
10. Usual occupation Day Laborer	B.U.	44.000000000000000000000000000000000000
11. Industry or business Federal stung Package Company	Due to	***************************************
12. Name John Edward Funer 5	Dither conditions	***************************************
\$ 13. Birthplace Caroline County hayland		8
14. Maiden name anie & Yeal 15. Birthplace Caroline County Manyland	(Include pregnancy within 3 months of death)	
\$ 15. Birthplace Caroline Country Manyland	Major findings of operations.	
18. Informant Hus. Ethel Magie	Autopsy results	
Address Federalsburg, Karyland R.FD.	PHYSICIAN: Please uederlice the cause to which death should be charged	statistically.
17. Burial Burial, cremation, or removal. Which?) Date thereof January 8 /945 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:	
	Accident, suicide, or homicide	
	Where did injury occur?(City or town) (County)	(State)
Location tederalshing Maryland	injured at home, farm, industry, public place (where?)	
18. Funeral director & Frampton and Son	Means of injury injured at work?	
Address Lederalsburg, Karyfand	23. SIGNATURE AGENTAL DELONGE	
19. Lanuary 5 1945 J. J. Fram Stom Registrar	Address Date signed	or other 1/3745



Contract of the Person of the